

# EXHIBIT 8

Bank of America



ACH R/T 063100277

63-27-631

07/18/2013

**INTEGRATED HCS PRACTICE MANAGEMENT, LLC.**

19785 W. 12 MILE RD., # 679  
SOUTHFIELD, MI 48076

PAY TO THE  
ORDER OF

State of Michigan

\$4,000.00

Four thousand and 00/100\*\*\*\*\*

DOLLARS

State of Michigan  
Dept. of Licensing & Regulatory Affairs  
P.O. Box 30768  
Lansing, MI 48909

*[Signature]*  
AUTHORIZED SIGNATURE

Security features. Details on back.

MEMO



**INTEGRATED HCS PRACTICE MANAGEMENT, LLC.**

07/18/2013

State of Michigan

1412

Date	Type	Reference	Original Amount	Balance Due	Payment
07/18/2013	Bill	07/18/2013	4,000.00	4,000.00	4,000.00
		Check Amount			4,000.00

CON  
# 13-0133

2013 JUL 19 AM 11:26

MIDCH CON REVIEW

Checking - 2676

4,000.00